

EXECUTIVE SUMMARY

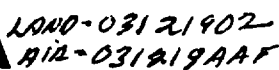
Adheron Coating Corp. is a generator of spent solvents (F005). There are two (2) indoor tanks which are utilized for their storage. One (1) being approximately 1250 gallon capacity and the other approximately 500 gallon capacity. The tanks each contain a mixer used to keep the particulates from settling out. The spent solvent is removed directly via the hauler's tanker truck. The waste is removed approximately every 1-2 months.

I feel that no inspection is necessary at this time.

LW:mkb:S/3



EPA - LAND - 03121902 AIR - 031219AAB		POTENTIAL HAZARDOUS WASTE SITE PRELIMINARY ASSESSMENT		I. IDENTIFICATION	
		PART 1 - SITE INFORMATION AND ASSESSMENT		01 STATE IL 02 SITE NUMBER 005198866	
II. SITE NAME AND LOCATION					
01 SITE NAME (Legal, common, or descriptive name of site)			02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER		
ADHERON COATING CORP.			16420 S. KILBOURN AVE		
03 CITY		04 STATE	05 ZIP CODE	06 COUNTY	07 COUNTY CODE
OAK FOREST		IL	60452	COOK	031
08 COORDINATES		LATITUDE		LONGITUDE	
42 37 30		087 45 46		TINLEY PARK 54D	
10 DIRECTIONS TO SITE (Starting from nearest public road)					
SEE ATTACHMENTS ON THE BACK.					
III. RESPONSIBLE PARTIES					
01 OWNER (If known)			02 STREET (Business, mailing, residential)		
ADHERON COATING CORP.			16420 S. KILBOURN AVE		
03 CITY		04 STATE	05 ZIP CODE	06 TELEPHONE NUMBER	
OAK FOREST		IL	60452	312 988-0707	
07 OPERATOR (If known and different from owner)			08 STREET (Business, mailing, residential)		
09 CITY		10 STATE	11 ZIP CODE	12 TELEPHONE NUMBER	
				()	
13 TYPE OF OWNERSHIP (Check one)					
<input checked="" type="checkbox"/> A. PRIVATE <input type="checkbox"/> B. FEDERAL: _____ (Agency name) <input type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input type="checkbox"/> E. MUNICIPAL <input type="checkbox"/> F. OTHER: _____ (Specify) <input type="checkbox"/> G. UNKNOWN					
14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply)					
<input checked="" type="checkbox"/> A. RCRA 3001 DATE RECEIVED: 06/01/81 <input type="checkbox"/> B. UNCONTROLLED WASTE SITE (CERCLA 103 c) DATE RECEIVED: _____ / _____ / _____ <input type="checkbox"/> C. NONE MONTH DAY YEAR MONTH DAY YEAR					
IV. CHARACTERIZATION OF POTENTIAL HAZARD					
01 ON SITE INSPECTION			BY (Check all that apply)		
<input checked="" type="checkbox"/> YES DATE 09/20/83 <input type="checkbox"/> NO MONTH DAY YEAR			<input type="checkbox"/> A. EPA <input type="checkbox"/> B. EPA CONTRACTOR <input checked="" type="checkbox"/> C. STATE <input type="checkbox"/> D. OTHER CONTRACTOR <input type="checkbox"/> E. LOCAL HEALTH OFFICIAL <input type="checkbox"/> F. OTHER: _____ (Specify)		
			CONTRACTOR NAME(S): _____		
02 SITE STATUS (Check one)			03 YEARS OF OPERATION		
<input checked="" type="checkbox"/> A. ACTIVE <input type="checkbox"/> B. INACTIVE <input type="checkbox"/> C. UNKNOWN			1976 / _____ BEGINNING YEAR ENDING YEAR <input type="checkbox"/> UNKNOWN		
04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED					
1-SOLVENTS - (TOXIC/PERSISTANT/FLAMMABLE)					
05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION					
1. GROUND WATER - (POP#/ENVIR) 2. SOIL (POP#/ENVIR) 3. FIRE (POP#/ENVIR)					
V. PRIORITY ASSESSMENT					
01 PRIORITY FOR INSPECTION (Check one. If high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents)					
<input type="checkbox"/> A. HIGH (Inspection required promptly) <input type="checkbox"/> B. MEDIUM (Inspection required) <input type="checkbox"/> C. LOW (Inspection on time available basis) <input checked="" type="checkbox"/> D. NONE (No further action needed, complete current disposition form)					
VI. INFORMATION AVAILABLE FROM					
01 CONTACT		02 OFF (Agency/Organization)		03 TELEPHONE NUMBER	
JAMES VALUKAS		GEN. MGR		312 687-0010	
04 PERSON RESPONSIBLE FOR ASSESSMENT		05 AGENCY	06 ORGANIZATION	07 TELEPHONE NUMBER	08 DATE
LARRY WINNICK		EPA	HSPL	817 782-9648	08/17/84 MONTH DAY YEAR



I. IDENTIFICATION

01 STATE	02 SITE NUMBER
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±10 005198866

01 PHYSICAL STATES Chp. 4 all that apply

A SOLID
B POWDER FINES
C SLUDGE
D OTHER

02 WASTE QUANTITY AT SITE

IONS

CUBIC YARDS

NO OF DRUMS **50-100**

03 WASTE CHARACTERISTICS Check and this apply

A TOXIC	E SOLUBLE
B CORROSIVE	F INFECTIOUS
C RADIOACTIVE	G FLAMMABLE
D PERSISTENT	H IGNITABLE

I HIGHLY VOLATILE
J EXPLOSIVE
K REACTIVE
L INCOMPATIBLE
M NOT APPLICABLE

CATEGORY	SUBSTANCE NAME	01 GROSS AMOUNT	02 UNIT OF MEASURE	03 COMMENTS
SLU	SLUDGE			
OLW	OILY WASTE			
SOL	SOLVENTS	50-100	DR.	
PSD	PESTICIDES			
OCC	OTHER ORGANIC CHEMICALS			
IOC	INORGANIC CHEMICALS			
ACD	ACIDS			
BAS	BASES			
MES	HEAVY METALS			

IV. HAZARDOUS SUBSTANCES (See Appendix for most frequently cited CAS Numbers)

[illegible]

V. FEEDSTOCKS *See Appendix for CAS Numbers*

CATEGORY	01 FEEDSTOCK NAME	02 CAS NUMBER	CATEGORY	01 FEEDSTOCK NAME	02 CAS NUMBER
FDS			FDS		
FDS			FDS		
FDS			FDS		
FDS			FDS		

VI. SOURCES OF INFORMATION (Cite specific references e.g. state files, sample analysis reports.)

IEPA. LAND & AIR FILES



LAND-03121902-POTENTIAL HAZARDOUS WASTE SITE

AID-031219AAF PRELIMINARY ASSESSMENT

PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE

02 SITE NUMBER

IL

005198866

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 A GROUNDWATER CONTAMINATION

03 POPULATION POTENTIALLY AFFECTED

02 ☐ OBSERVED (DATE _____)

04 NARRATIVE DESCRIPTION

☒ POTENTIAL☐ ALLEGED

IF THE HAD A SPILL ON SITE

01 B SURFACE WATER CONTAMINATION

03 POPULATION POTENTIALLY AFFECTED

02 ☐ OBSERVED (DATE _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL☐ ALLEGED

01 C CONTAMINATION OF AIR

03 POPULATION POTENTIALLY AFFECTED

02 ☐ OBSERVED (DATE _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL☐ ALLEGED

01 D FIRE/EXPLOSIVE CONDITIONS

03 POPULATION POTENTIALLY AFFECTED

02 ☐ OBSERVED (DATE _____)

04 NARRATIVE DESCRIPTION

☒ POTENTIAL☐ ALLEGED

SOLVENTS. BEING LOAD & UNLOADED ON SITE

01 E DIRECT CONTACT

03 POPULATION POTENTIALLY AFFECTED

02 ☐ OBSERVED (DATE _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL☐ ALLEGED

01 F CONTAMINATION OF SOIL

03 AREA POTENTIALLY AFFECTED _____ (Acres)

02 ☐ OBSERVED (DATE _____)

04 NARRATIVE DESCRIPTION

☒ POTENTIAL☐ ALLEGED

IF THERE WAS A SPILL ON SITE

01 G DRINKING WATER CONTAMINATION

03 POPULATION POTENTIALLY AFFECTED

02 ☐ OBSERVED (DATE _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL☐ ALLEGED

01 H WORKER EXPOSURE/INJURY

03 WORKERS POTENTIALLY AFFECTED

02 ☐ OBSERVED (DATE _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL☐ ALLEGED

01 I POPULATION EXPOSURE/INJURY

03 POPULATION POTENTIALLY AFFECTED

02 ☐ OBSERVED (DATE _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL☐ ALLEGED



LAND-03121902 POTENTIAL HAZARDOUS WASTE SITE
AIR-031219 HAP PRELIMINARY ASSESSMENT
PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER

IL 005198866

II. HAZARDOUS CONDITIONS AND INCIDENTS (Continued)

01 ☐ J. DAMAGE TO FLORA
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ K. DAMAGE TO FAUNA
04 NARRATIVE DESCRIPTION (include name(s) of species)

02 ☐ OBSERVED (DATE _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ L. CONTAMINATION OF FOOD CHAIN
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ M. UNSTABLE CONTAINMENT OF WASTES
(Spills, runoff, standing liquids, leaking drums)

02 ☐ OBSERVED (DATE _____)

☐ POTENTIAL

☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED _____

04 NARRATIVE DESCRIPTION

01 ☐ N. DAMAGE TO OFFSITE PROPERTY
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ P. ILLEGAL/UNAUTHORIZED DUMPING
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE _____)

☐ POTENTIAL

☐ ALLEGED

05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS

III. TOTAL POPULATION POTENTIALLY AFFECTED: _____

IV. COMMENTS

V. SOURCES OF INFORMATION (Cite specific references, e.g. state files, sample analysis, reports)

IEPA LAND & AIR FILES

540

TINLEY PARK QUADRANGLE
ILLINOIS
7.5 MINUTE SERIES (TOPOGRAPHIC)

3467 11 NW
(BLUE ISLAND)

47°30' 650 000 FEET R 13 E.

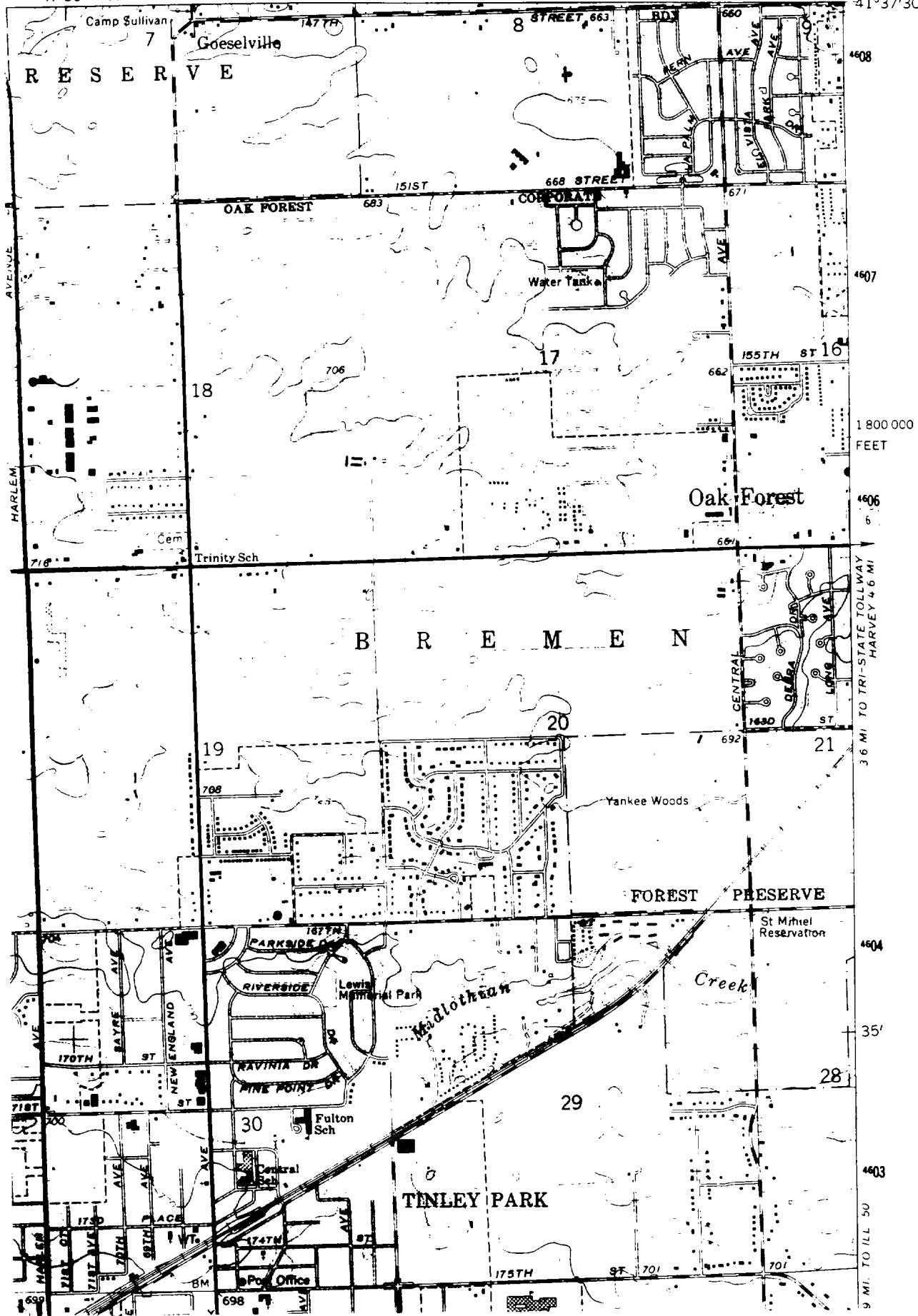
435

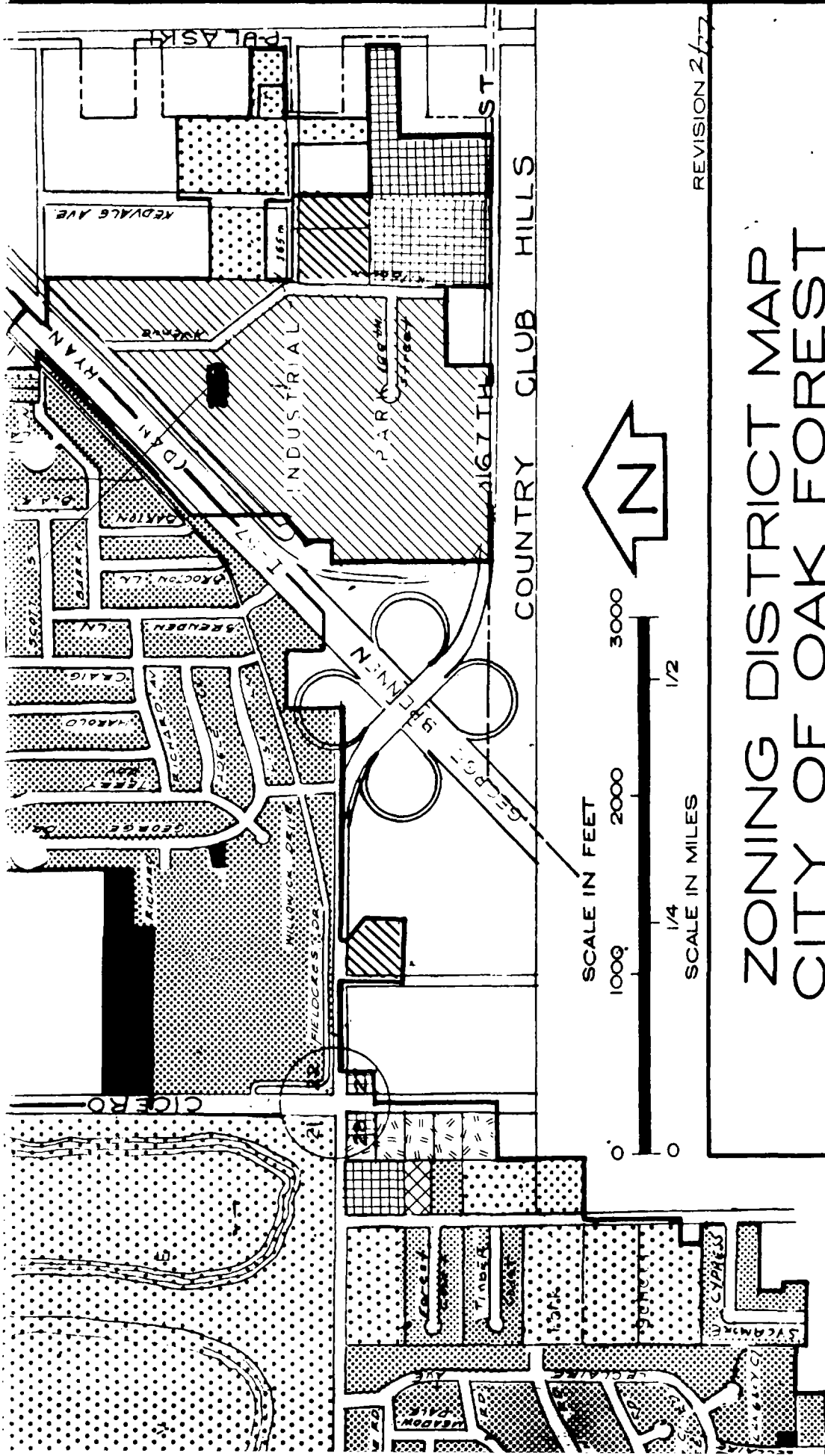
436

437

87°45'

41°37'30"





REVISION 2/77

ZONING DISTRICT MAP CITY OF OAK FOREST

COOK COUNTY ILLINOIS

PREPARED BY • DE LEUW, CATHERS COMPANY • CHICAGO, ILLINOIS
UPDATED BY • OAK FOREST ENGINEERING DEPARTMENT